

EMERGENCY DEPARTMENT TRANSFER RECORD - ST. TAMMANY PARISH HOSPITAL
PHYSICIAN ASSESSMENT AND TRANSFER EVALUATION

PATIENT NAME Jeffrey Bodin DATE OF TRANSFER 10/11/17

DIAGNOSIS Paranoid

REASON FOR TRANSFER Medically Indicated Patient Request
 Other (Please Describe) _____

EMERGENCY MEDICAL CONDITION [EMC] IDENTIFIED YES NO

MEDICAL CONDITION PLEASE SELECT ONE [IF PATIENT HAS AN EMERGENCY MEDICAL CONDITION, CERTIFICATION REQUIRED]

- PATIENT STABLE:** The patient has been examined and any medical condition stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.
- PATIENT UNSTABLE:** The patient has been examined, an EMC has been identified, the patient is not stable, but the transfer is medically indicated and in the best interest of the patient.

RISK AND BENEFIT ANALYSIS FOR TRANSFER

MEDICAL BENEFITS Obtain higher level of care not available at this facility. List Service: 9
 Benefits of transfer outweigh the risks of transfer
(Please Describe) _____

MEDICAL RISKS Worsening of condition or death if patient not transferred
 Risk of traffic delay/accident resulting in deterioration Deterioration of condition en route
Details: _____

RECEIVING FACILITY AND INDIVIDUAL THE RECEIVING FACILITY HAS THE CAPABILITY FOR THE TREATMENT OF THIS PATIENT (INCLUDING ADEQUATE SPACE, EQUIPMENT AND QUALIFIED MEDICAL PERSONNEL) AND HAS AGREED TO ACCEPT THE TRANSFER AND PROVIDE APPROPRIATE MEDICAL TREATMENT.

RECEIVING FACILITY Northlake Behavioral
PRINT NAME OF PERSON ACCEPTING TRANSFER Kim [initials] / Cheryl
[FIRST & LAST NAME AND POSITION]
PRINT NAME OF RECEIVING PHYSICIAN Kim

I have examined and/or observed the condition of this patient and have considered currently available patient information. Based upon the observed condition of the patient and information available to me, I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at the receiving hospital outweigh the increased risk to the patient's medical condition that may result from this transfer.

Physician Signature: [Signature] Date: 10/11/17 Time: 1920 AM PM



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11001253816 10/11/2017
TOUPS



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